

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10-541381

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1							51					
2			1				52						
3							53						
4			1				54						
5			1				55						
6			1				56						
7	1						57						
8		1					58						
9							59						
10			1				60						
11			1				61						
12	1						62						
13		1					63						
14	1						64						
15			1				65						
16			1				66						
17			1				67						
18	1						68						
19		1					69						
20		1					70						
21		1					71						
22	1						72						
23		1					73						
24	1						74						
25		1					75						
26		1					76						
27			1				77						
28	1		1				78						
29		1					79						
30		1					80						
31			1				81						
32			1				82						
33			1				83						
34			1				84						
35			1				85						
36			1				86						
37			1				87						
38			1				88						
39			1				89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	8												
TOTAL DEP.	28												
TOTAL CLAIMS	30												